Manuscript Title: A Public Health Perspective on 21st Century Risk Assessment

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<u>Abstract</u>

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Preventing adverse health impacts from exposures to environmental chemicals is fundamental 2 3 to protecting individual and public health. Chemical risk assessments inform environmental 4 public health decisions by providing scientific information about the potential health effects 5 following exposure to a chemical. When done efficiently and properly, risk assessment enables risk management actions that minimize the incidence and impacts of environmentally-induced 6 7 diseases related to chemical exposure. However, traditional chemical risk assessment is faced 8 with multiple challenges with respect to predicting and preventing disease in human populations. Epidemiological studies increasingly report observations of adverse health effects at exposure 9 levels predicted from animal studies to be safe for humans, and often show effects that are not 10 modeled or observed in animal studies. This discordance reinforces concerns about the adequacy 11 12 of contemporary risk assessment practices **ADDIN** EN.CITE <EndNote><Cite><Author>Birnbaum</Author><Year>2016</Year><RecNum>14</RecNum><Di 13 splayText>(Birnbaum, Burke, & DisplayText><record><rec-number>14</rec-14 15 number><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1468526461">14</key></foreign-keys><ref-type name="Journal Article">17</ref-16 17 type><contributors><authors><author>Linda S. Birnbaum</author><author>Thomas Α. 18 Burke</author><author>James J. 19 Jones</author></authors></contributors><titles><title>Informing 21st-Century Risk 20 Assessments with 21st-Century Science</title><secondary-title>Environmental Health Perspectives</secondary-title></title>>cperiodical><full-title>Environmental Health 21 Perspectives</full-title></periodical><pages>A60-22 A63</pages><volume>124</volume><number>4</number><dates><year>2016</year></dates 23 24 ><urls></urls></record></Cite></EndNote>] for protecting public health. Current advances in 25 science and technology along with improved understanding of population health and disease -26 at times with individual precision - provide the opportunity to recast risk assessment and 27 communication to protect public health. It is becoming clear that to protect public health more 28 effectively, future risk assessments will need to use the full range of available data, draw on 29 innovative methods to integrate diverse data streams, and consider health endpoints that also

reflect the range of subtle effects and morbidities observed in human populations (e.g., metabolic disorders, cardiovascular disease, childhood behavioral disorders, etc.). Given these factors, there is a need to reframe chemical risk assessment to be more clearly aligned with the public health goal of minimizing or preventing environmental exposures associated with disease.

Overview

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For the past several decades, human health risk assessment has been a pillar of environmental health protection. In general, the products of risk assessment have been numerical risk values derived from animal toxicology studies of observable effects at high doses of individual chemicals. While this approach has contributed to our understanding of overt health outcomes from chemical exposures, it does not always match our understanding from epidemiology studies of the consequences of real world exposures in human populations, which are characterized by exposure to multiple pollutants, often chronically, at concentrations that can fluctuate over wide ranges; susceptible populations and lifestages; potential interactions between chemicals and nonchemical stressors and background disease states; and lifestyle factors that modify exposures (e.g., air tight houses). Ten years ago, the National Research Council (NRC) offered a new paradigm for evaluating the safety of chemicals based on chemical characterization, testing using a toxicity pathway approach, and modeling and extrapolating the dose-response relationship from in vitro testing, all embedded in a risk context and considering population-based data and exposure [ADDIN **EN.CITE** <EndNote><Cite><Author>National Research Council</Author><Year>2007</Year><RecNum>10</RecNum><DisplayText>(National Research Council, 2007)</DisplayText><record><rec-number>10</rec-number><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1468525960">10</key></foreign-keys><ref-type name="Report">27</reftype><contributors><authors><author>National Research Council,</author></authors><tertiary-authors><author>The National Academies Press,</author></tertiary-authors></contributors><title>Toxicity Testing in the 21st Century: A Vision and a Strategy</title></title></dates><year>2007</year></dates><pub-

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96	1302 <volume>25</volume> <number>7</number> <dates><year>2012</year></dates>
97	> <urls></urls>] have helped us better understand the biological
98	interactions of large numbers of chemicals using high-throughput assay systems, and we are
99	witnessing early adoption of new technologies and approaches for screening chemicals for
100	integrated testing [ADDIN EN.CITE
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103	2015) <record><rec-number>18</rec-number><foreign-keys><key app="EN" db-<="" td=""></key></foreign-keys></record>
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113	8814 <volume>49</volume> <number>14</number> <dates><year>2015</year></dates>
114	s> <urls></urls>].

112	Several other factors are also changing the way environmental health professionals think about			
116	chemical risks and how to most effectively protect public health. It is estimated that intrinsic			
117	factors (e.g., those that result in mutations due to random errors in DNA replication) account for			
118	only 10-30% of many common cancers [ADDIN EN.CITE			
119	<endnote><cite><author>Wu</author><year>2016</year><recnum>20</recnum><displayt< td=""></displayt<></cite></endnote>			
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129]. Similarly, only 30-40% of birth defects can be attributed to known causes			
130	such as genetics, fetal alcohol syndrome, maternal smoking, and folate insufficiency [ADDIN			
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140	Perspectives <pages>A440-</pages>			
141	A447 <volume>117</volume> <number>10</number> <dates><year>2009</year></dates>			
142	tes> <urls></urls>]. Other studies have concluded that non-genetic			
L43	environmental factors and gene by environment interactions are the primary causes of chronic			

144	diseases [ADDIN EN.CITE
145	<endnote><cite><author>Rappaport</author><year>2011</year><recnum>21</recnum><d< td=""></d<></cite></endnote>
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147	2014) <record><rec-number>21</rec-number><foreign-keys><key app="EN" db-<="" td=""></key></foreign-keys></record>
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149	keys> <ref-type name="Journal Article">17</ref-type>
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159	keys> <ref-type name="Journal Article">17</ref-type>
160	type> <contributors><authors><author>Stephen M. Rappaport</author><author>Dinesh K.</author></authors></contributors>
161	Barupal <author>David Wishart</author> <author>Paolo</author>
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167	774 <volume>122</volume> <dates><year>2014</year></dates> <urls></urls>
168	>]. The ability to evaluate and quantify the role of environmental factors on
169	public health is a clear opportunity, but it is limited by the lack of readily available models for
170	prominent clinical outcomes.

Current challenges in predicting risk from exposure to environmental chemicals

172 Understanding public health risk from environmental chemical exposures is complicated by many 173 factors, such as population variability and susceptibility, which are poorly understood and 174 difficult to characterize and incorporate into risk assessments. For example, a person's unique microbiome may modulate his/her response to environmental exposures [ADDIN EN.CITE 175 176 <EndNote><Cite><Author>Dietert</Author><Year>2015</Year><RecNum>25</RecNum><Displ 177 Silbergeld, ayText>(Dietert & 2015; Patterson & Turnbaugh, 2014)</br>2014)</br>DisplayText><record><rec-number>25</rec-number><foreign-keys><key app="EN" db-</td> 178 id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1470317694">25</key></foreign-179 keys><ref-type name="Journal Article">17</ref-type><contributors><authors><author>Rodney 180 181 Reynolds Dietert</author><author>Ellen Kovner 182 Silbergeld</author></authors></contributors><title>>Siomarkers for the 21st Century: Listening to the Microbiome</title><secondary-title>Toxicological Sciences</secondary-183 184 title></titles><periodical><full-title>Toxicological Sciences</full-title></periodical><pages>208-185 216</pages><volume>144</volume><number>2</number><dates><year>2015</year></dates ><urls></urls></record></Cite><Cite><Author>Patterson</Author><Year>2014</Year><RecNu 186 187 m>24</RecNum><record><rec-number>24</rec-number><foreign-keys><key app="EN" dbid="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1470317566">24</key></foreign-188 189 keys><ref-type name="Journal Article">17</ref-type><contributors><authors><author>Andrew 190 D. Patterson</author><author>Peter J. 191 Turnbaugh</author></authors></contributors><titles><title>Microbial Determinants of 192 Biochemical Individuality and Their Impact on Toxicology and Pharmacology</title><secondary-193 title>Cell Metabolism</secondary-title></title>>cperiodical><full-title>Cell Metabolism</full-194 title></periodical><pages>761-768</pages><volume>20</volume><number>5</number><dates><year>2014</year></dates> 195 196 <url>></urls></record></Cite></EndNote>]. Although studies are limited in this emerging area, 197 knowledge about the microbiome may inform interindividual variability and unexplained 198 susceptibility observed in populations. Scientists have begun to appreciate the role of the microbiome in the lack of reproducibility and interpretability of animal studies [ADDIN EN.CITE 199 200 <EndNote><Cite><Author>Servick</Author><Year>2016</Year><RecNum>43</RecNum><Displ

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Table 1. Examples of current risk assessments challenges and opportunities

Risk Assessment	Description	Impact on Risk	Public Health
Challenge		Assessment	Opportunity
Microbiome	Microorganisms that	Exposure modification;	Potential targets for
	reside within and on	Susceptibility/resilience	prevention and
	our bodies and how	to environmental	intervention,
	they interact with	pollutants; Important	management of
	the environment	as an early life	allergic responses,
		determinant of health;	and precision risk
		Potential role in allergic	management
		response, asthma	
Nonchemical	Physical and	Impact on baseline	Potential role in
Stressors	psychosocial	susceptibility and	cumulative
	stressors, including	response to	assessment and
	noise, temperature,	environmental	improved
	socioeconomic	exposures (effect	identification and
	status, social stress,	modification)	assessment of
	and limited		vulnerable
	resources		populations;
			potential target for
			public health
			interventions (e.g.,
			stress management)
Early life	Biological	Critical life stage for	Potential for early-
determinants of	characteristics and	exposures and	life interventions for
health	exposures that can	developmental health	prevention and

	determine chronic and life-long health outcomes	outcomes. Impact of exposures during early- life may play a role in later disease states	management of later disease
		(e.g., endocrine disruptors, epigenetic	
		changes, microbiome)	
Background	Chronic population	Exposures to	Increased public
exposures	exposures to a	"background"	health protection if
	myriad of	chemicals may impact	baseline exposures
	environmental	response to "target"	are taken into
	chemicals	chemical exposures	account
		and may change	
		population health	
		baselines	
Baseline health	Individual health	Baseline health status	Increased public
status	status, with a focus	may impact response	health protection if
	on potential health	to additional exposures	baseline health
	susceptibilities that		status is taken into
	may alter response		account
	to environmental		
	chemical exposures		
Molecular initiating	Early biological	To be meaningful for	Improved public
events and	changes or precursor	decision-makers, it is	health protection
subsequent key	effects in response	useful to have	without need for
events in adverse	to chemical	qualitative and	long-term toxicology
outcomes pathways	exposures may be	quantitative	or epidemiology
	identified by in vitro,	understanding of	studies
	animal or	ultimate health impact	
	epidemiological	of early biological	
	studies	changes	

Opportunities for leveraging multiple data types for public health protection

Concurrent with these challenges, science and technology are advancing rapidly and in ways that create opportunities for risk assessment. Public health disciplines help us understand how baseline health status can influence the impact of population level chemical exposures. We also need to consider how environmental pollutants may contribute to overall disease burden for endpoints not traditionally considered in chemical risk assessment (e.g., metabolic disorders). New methods in epidemiological research help us evaluate complex interactions among

221 multifactorial causes of disease ranging from macro (societal, neighborhood) to micro 222 (molecular) factors, relevance of exposures during sensitive lifestages, and a better 223 understanding of interrelatedness of disease across lifespan [ADDIN EN.CITE <EndNote><Cite><Author>Louis</Author><Year>2015</Year><RecNum>27</RecNum><Display 224 2015)</DisplayText><record><rec-number>27</rec-number><foreign-225 Text>(Louis et al., 226 app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" keys><key timestamp="1470317909">27</key></foreign-keys><ref-type name="Journal Article">17</ref-227 228 type><contributors><author>Germaine M. Buck Louis</author><author>Michael S. Bloom</author><author>Nicolle M. Gatto</author><author>Carol 229 R. 230 Hogue</author><author>Daniel J.Westreich</author><author>Cuilin 231 Zhang</author></authors></contributors><title>Epidemiology's Continuing Contribution to Public Health: The Power of "Then and Now" </title><secondary-title>American 232 Journal of Epidemiology</secondary-title></titles><periodical><full-title>American Journal of 233 234 Epidemiology</full-title></periodical><pages>e1e8</pages><volume>181</volume><number>8</number><dates><year>2015</year></dates> 235 236 <urls></urls></record></Cite></EndNote>]. Advances in high-throughput technologies and computational modeling (e.g., ToxCast, Tox21, and ExpoCast efforts) are providing data on hazard 237 238 and exposure potential for a large number of data-poor chemicals. One approach with potential to advance our understanding of how chemical exposures can impact health is the use of adverse 239 240 outcome pathways (AOPs), which integrate various types of biological information to link 241 molecular initiating events to downstream key events and ultimately unwanted health outcomes [ADDIN EN.CITE ADDIN EN.CITE.DATA]. To fully realize the potential of AOP-based approaches 242 243 and to integrate biological findings across disciplines, we must strengthen our ability to detect precursor events in human populations and identify biologically-relevant exposure metrics, 244 245 ideally measurable in individuals. 246 Effectively predicting population risk by integrating a variety of data streams (e.g., epidemiology, 247 toxicology, high-throughput testing) and considering multiple sources and pathways of exposure can better inform environmental public health decisions. Advances in technology and 248 249 computational capabilities have fostered new opportunities for generating and analyzing molecular, animal, and human data on effects and exposures, which can be integrated into chemical risk assessments. At the same time, probabilistic and high-throughput approaches for risk assessment have been advancing. Table 2 highlights various data types available and challenges applying these data types to inform risk assessment.

Table 2. Data streams and opportunities and challenges for informing risk assessment

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Da	Des	Opportunity	Challenge
ta	crip		
Ту	tion		
pe			
N	Non	Advances in development of chemical	Challenges remain for developing
on	-	libraries, cheminformatics and read-	principles for acceptance; for
-	testi	across predictions and integration with	characterizing and incorporating
te	ng	molecular data and AOPs have	uncertainties into predictions; and for
sti	арр	significantly improved their application	developing objective metrics of
ng	roac	and predictive capacity [ADDIN EN.CITE	performance [ADDIN EN.CITE
da	hes,	ADDIN EN.CITE.DATA].	<endnote><cite><author>Patlewicz<!--</td--></author></cite></endnote>
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	te		6 <urls></urls>
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	ng		
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	are		
	abs		
	ent.		
М	Mol	Biochemical and cell-based in vitro assay	Lack of scientific consensus as yet on
ol	ecul	data, for example, can identify	inferring hazard from bioactivity in
ec	ar	mechanism-based molecular targets	vitro assay and omics-based data and
ul	data	and biological pathways (e.g., AOPs) and	providing quantitative dose-response
ar	,	can help inform our understanding of	information in exposure metrics usable
	incl	the health outcomes of environmental	for risk assessment and policymaking
	udin	exposures, using data that are	· · · ·
	g	potentially more human relevant.	
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An	Tra	For only a handful of chemicals, there	There are potentially large
im	diti	are a large quantity of traditional animal	uncertainties associated with using
al	onal	testing data and the risk assessment	traditional animal testing to estimate
	ani	community has decades of experience	risk. For example, extrapolating from
	mal	in using these types of data.	animal to human; accounting for
	testi		human population variability and
	ng		lifestage susceptibility; and from high
	pro		to low doses. Many chemicals lack
	vide		sufficient animal testing, and tests that
	s a		are conducted may fail to identify
	haz		effects that occur in humans.
	ard		Qualitative and quantitative variability
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			Kleinstreuer <author>Patricia</author>
			C. Ceger <author>David G.</author>
			Allen <author>Judy</author>
			Strickland <author>Xiaoqing</author>
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			rd>].
Н	Epid	Numerous examples exist	Oftentimes human studies are limited
u	emi	demonstrating the value of human data	in providing mechanistic and dose-
m	olog	relative to animal testing results,	response data, emphasizing the
an	ical	wherein the human studies indicate	complementarity of human, animal
	and	adverse effects at exposure levels	and molecular data.
	oth	predicted to be safe based on animal	Exposure misclassification, when
	er	studies [ADDIN EN.CITE	present, biases results to the null.
	hu	<endnote><cite><author>Birnbaum<td>Possibility of unmeasured confounders</td></author></cite></endnote>	Possibility of unmeasured confounders
	man	uthor> <year>2016</year> <recnum>14</recnum>	often undermines confidence in
	data	<displaytext>(Birnbaum et</displaytext>	observed associations, and it may
	sup	al., 2016) <record><rec-< td=""><td>require multiple studies and many</td></rec-<></record>	require multiple studies and many
	port	number>14 <foreign-< td=""><td>years to rule out chance, bias and</td></foreign-<>	years to rule out chance, bias and
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	asse	e9zs"	for observed associations.
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	effe	Linda S.	
	cts	Birnbaum <author>Thomas A.</author>	
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]. Newer exposure	
		science and statistical techniques	
		advance the understanding of human	
		variability that can be obtained from	
		epidemiology and individual	
		sequencing. Epidemiology is the most	
		informative method for understanding	
		effect modification by nonchemical	
		stressors and baseline health status.	
Ex	Ехр	Advances in exposure science, including	Understanding how to estimate and
ро	osur	targeted and non-targeted	incorporate the inter- and intra-
su	e	biomonitoring, application of sensors	individual variability in exposures into
re	char	and other new technologies are greatly	current designs of toxicity testing and
	acte	advancing general population exposure	risk assessments. Extrapolating
	rizat	characterization. High-throughput	relevant target tissue/organ dose
	ion	exposure models allow exposure	information from external exposures
	is	predictions on thousands of chemicals	and from in vitro assays. Accounting
	imp	with associated uncertainty [ADDIN	for multiple exposures; sample
	rove	EN.CITE	collection, data management and
	d to	<endnote><cite><author>Wambaugh<</author></cite></endnote>	analysis; covering or extrapolating to a
	capt	/Author> <year>2014</year> <recnum></recnum>	broader chemical space, since we lack
	ure	29 <displaytext>(Wambaug</displaytext>	

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ry,	More timely data provides	
and	opportunities for better intervention	
rele	and exposure and risk mitigation	
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git	a		data have significant ethical
al	fro		implications that need to be
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A public health perspective for chemical risk assessment

A public health perspective for chemical risk assessment would approach risk assessment from a new lens. It would address population health with a focus on health and societal burden of disease; use and integrate all available types of data - including traditional toxicology, human epidemiological findings, as well as newer and emerging data streams and information, such as digital **ADDIN** EN.CITE epidemiology <EndNote><Cite><Author>Bakker</Author><Year>2016</Year><RecNum>47</RecNum><Displ ayText>(Bakker, Martinez-Bakker, Helm, & Die Stevenson, 2016; Salathé et al., 2012)</DisplayText><record><rec-number>47</rec-number><foreign-keys><key app="EN" dbid="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1472144804">47</key></foreignkeys><ref-type name="Journal Article">17</ref-type><contributors><authors><author>Kevin Bakker</author><author>Micaela Elvira Martinez-Bakker</author><author>Barbara Helm</author><author>Tyler Stevenson</author></authors></contributors><title>Digital epidemiology reveals global childhood disease seasonality and the effects of immunization</title><secondarytitle>PNAS</secondary-title></titles><periodical><full-title>PNAS</fulltitle></periodical><pages>6689-6694</pages><volume>113</volume><number>24</number><dates><year>2016</year></dat es><urls></urls></record></Cite><Cite><Author>Salathé</Author><Year>2012</Year><RecNu m>46</RecNum><record><rec-number>46</rec-number><foreign-keys><key app="EN" dbid="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1472144671">46</key></foreign277 keys><ref-type name="Journal Article">17</ref-type><contributors><authors><author>Marcel 278 Salathé</author><author>Linus Bengtsson</author><author>Todd 279 Bodnar</author><author>Devon D. Brewer</author><author>John S. Brownstein</author><author>Caroline Buckee</author><author>Ellsworth 280 M. Campbell</author><author>Ciro Cattuto</author><author>Shashank 281 Khandelwal</author><author>Patricia L. Mabry</author><author>Alessandro Vespignani 282 </author></authors></contributors><titles><title>Digital Epidemiology</title><secondary-283 284 title>PLoS Comput Biol</secondary-title></titles><periodical><full-title>PLoS Comput Biol</fulltitle></periodical><pages>e1002616</pages><volume>8</volume><number>7</number><dat 285 286 es><year>2012</year></dates><urls></urls></record></Cite></EndNote>], high-throughput 287 data, and adverse outcome pathways; and draw on public health approaches, such as attributable risk or relative risk. This new perspective may be especially important for some 288 289 historically challenging aspects of risk assessment, such as understanding cumulative risks of 290 exposures to multiple chemical and non-chemical stressors. Internationally, scientists have raised concerns about the large number of ubiquitous chemicals people are exposed to and called for 291 292 rethinking approaches to evaluating the health impacts of chemicals (Goodson et al. [ADDIN EN.CITE ADDIN EN.CITE.DATA] Bennett et al. 2016). Figure 1 presents a conceptual model for 293 294 a public health perspective for risk assessment. 295 While approaching assessments from the perspective of health outcomes may be challenging, it 296 297 provides the opportunity to evaluate exposures and effects across the lifespan that are relevant 298 to population health. Advances in science and technology – such as AOP development (OECD 299 website), the broader availability of chemical and biological data, and the applications of 300 statistical and bioinformatics tools bring this previously aspirational approach well within reach [ADDIN 301 **EN.CITE** <EndNote><Cite><Author>Rom</Author><Year>2013</Year><RecNum>49</RecNum><Display 302 Text>(Rom, Boushey, & DisplayText><record><rec-number>49</rec-303 number><foreign-keys><key db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" 304 app="EN" 305 timestamp="1472145433">49</key></foreign-keys><ref-type name="Journal Article">17</ref-

type><contributors><author>William N. Rom</author><author>Homer 306 307 Boushey</author><author>Arthur 308 Caplan</author></authors></contributors><title>Experimental Human Exposure to Air Pollutants Is Essential to Understand Adverse Health Effects</title><secondary-title>Am J Respir 309 310 Cell Mol Biol</secondary-title></titles><periodical><full-title>Am J Respir Cell Mol Biol</fulltitle></periodical><pages>691-311 696</pages><volume>49</volume><number>5</number><dates><year>2013</year></dates> 312

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Illustrative Example: Cardiovascular Disease

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The following example illustrates how a public health approach may inform the challenge of cardiovascular disease. Cardiovascular disease is the number one cause of mortality worldwide and is a major U.S. public health burden [ADDIN EN.CITE ADDIN EN.CITE.DATA]. Annual costs of cardiovascular disease in the U.S. were estimated to be \$317 million in 2011-2012, considering direct medical costs and lost productivity due to premature mortality (Mozaffarian et al., 2016). This estimate is likely to substantially underestimate the social cost of cardiovascular disease, due to limitations in estimation of indirect costs associated with morbidity and premature mortality (U.S. EPA 2010). While much is known about the biochemical and behavioral risk factors associated with cardiovascular disease, particularly in comparison with other diseases and health conditions, the traditional risk factors fail to account for 10 to 25 percent of its prevalence [**ADDIN EN.CITE** <EndNote><Cite><Author>Kannel</Author><Year>2009</Year><RecNum>13</RecNum><Displ ayText>(Kannel & Vasan, 2009)</DisplayText><record><rec-number>13</recnumber><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1468526291">13</key></foreign-keys><ref-type name="Journal Article">17</reftype><contributors><author>William B. Kannel</author><author>Ramachandran S. Vasan</author></authors></contributors><title>>Adverse Consequences of the 50% Misconception</title><secondary-title>Am Cardiol</secondary-

335	title> <full-title>Am J Cardiol</full-title> <pages>426-</pages>
336	427 <volume>103</volume> <number>3</number> <dates><year>2009</year></dates>
337	> <urls></urls>]. Environmental factors including air pollution [
338	ADDIN EN.CITE
339	<endnote><cite><author>Kaufman</author><year>2016</year><recnum>12</recnum><dis< td=""></dis<></cite></endnote>
340	playText>(Kaufman et al., 2016) <record><rec-number>12</rec-number></record>
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345	Budoff <author>Gregory L Burke</author> <author>Cynthia L</author>
346	Curl <author>Martha L Daviglus</author> <author>Ana V Diez</author>
347	Roux <author>Amanda J Gassett</author> <author>David R Jacobs</author>
348	Jr <author>Richard Kronmal</author> <author>Timothy V</author>
349	Larson <author>Ana Navas-Acien</author> <author>Casey</author>
350	Olives <author>Paul D Sampson</author> <author>Lianne</author>
351	Sheppard <author>David S Siscovick</author> <author>James H</author>
352	Stein <author>Adam A Szpiro</author> <author>Karol E</author>
353	Watson <titles><title>Association between air pollution and</td></tr><tr><td>354</td><td>coronary artery calcification within six metropolitan areas in the USA (the Multi-Ethnic Study of</td></tr><tr><td>355</td><td>Atherosclerosis and Air Pollution): a longitudinal cohort study</title><secondary-title>The</secondary-title></titles>
356	Lancet> <periodical><full-title>The Lancet</full-title></periodical>
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358	e>] and chemical exposures [ADDIN EN.CITE
359	<endnote><cite><author>Kirkley</author><year>2014</year><recnum>53</recnum><displ< td=""></displ<></cite></endnote>
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364	Sargis <title>Environmental Endocrine Disruption of</td></tr><tr><td>365</td><td>Energy Metabolism and Cardiovascular Risk</title> <secondary-title>Curr Diab Rep</secondary-title>
366	title> <periodical><full-title>Curr Diab Rep</full-title></periodical>
367	title> <pages>494</pages> <volume>14</volume> <number>6</number> <dates><</dates>
368	year>2014 <urls>] are thought to</urls>
369	contribute to the unexplained fraction. While mortality due to cardiovascular disease has
370	decreased over the last few decades in the developed world due to reductions in behavioral risk
371	factors, the rising prevalence of obesity and diabetes might account for the deceleration in the
372	rate of improvement in annual cardiovascular mortality in the U.S. over the last few years [ADDIN
373	EN.CITE
374	<endnote><cite><author>Sidney</author><year>2016</year><recnum>54</recnum><displ< td=""></displ<></cite></endnote>
375	ayText>(Sidney, Quesenberry et al. 2016) <record><rec-number>54</rec-number></record>
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378	type> <contributors><author>Sidney, S</author><author>Quesenberry,, Jr.,</author></contributors>
379	CP <author>Author><author>Sorel, M</author><author>Nguyen-Huynh,</author></author>
380	MN <author>Kushi, LH</author> <author>Go, AS</author> <author>Rana,</author>
381	JS <titles><title>Recent Trends in Cardiovascular Mortality</td></tr><tr><td>382</td><td>in the United States and Public Health Goals</title><secondary-title>JAMA Cardiol</secondary-title></titles>
383	title> <full-title>JAMA</full-title>
384	599 <volume>1</volume> <number>5</number> <dates><year>2016</year></dates> <
385	urls>].
386	There is an urgent need to better understand the biological pathways through which
387	environmental exposures to chemical and non-chemical stressors act to stimulate and accelerate
388	atherosclerosis and promote adverse cardiovascular health effects. Applying the adverse
389	outcome pathway framework [ADDIN EN.CITE
390	<endnote><cite><author>Cosselman</author><year>2015</year><recnum>35</recnum><d< td=""></d<></cite></endnote>
391	isplayText>(Cosselman, Navas-Acien, & DisplayText> <record><rec-< td=""></rec-<></record>
392	number>35 <foreign-keys><key app="EN" db-<="" td=""></key></foreign-keys>

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development and progression of coronary atherosclerosis [ADDIN EN.CITE
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Lancet> <periodical><full-title>The title></full-title></periodical> <dates><year>2016</year></dates> <urls></urls>]. Xenobiotic metals such as arsenic, cadmium, lead, and mercury are also associated with atherosclerosis [ADDIN EN.CITE
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459	> <urls></urls>]. Gene-environment interaction alters risk of
460	vascular disease [ADDIN EN.CITE
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470	352 <volume>53</volume> <number>5</number> <dates><year>2011</year></dates>
471	<urls></urls>]; for example, the residential proximity to highways
472	(representing exposure to a mixture of traffic-related air pollutants) is associated with peripheral
473	vascular disease, which is modified by the gene encoding bone morphogenic protein 8 [ADDIN
474	EN.CITE <endnote><cite><author>Ward-</author></cite></endnote>
475	Caviness <year>2016</year> <recnum>4</recnum> <displaytext>(Ward-Caviness et</displaytext>
476	al., 2016) <record><rec-number>4</rec-number><foreign-keys><key <="" app="EN" td=""></key></foreign-keys></record>
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490	title> <volume>11</volume> <number>4</number> <dates><year>2016</year></dates>
491	ates> <urls></urls>]. Given the complexity of the drivers of
492	atherosclerosis, a medical model treating blood pressure and high cholesterol and advising
493	dietary modification and exercise will be inadequate to fully address this disease. Likewise
494	identifying the chemicals that increase risk on an individual basis will be inadequate to prevent
495	vascular disease. Instead an integrated systems approach is needed to fully account for all known
496	risk factors and formulate the problem to define the most effective strategy to decrease
497	individual risk and societal burden. Accomplishing this will require clinical data that fully reflects
498	a population under consideration as well as exposures to traditional risk factors, biomonitoring
499	data documenting exposures to multiple chemicals, and molecular responses from in vitro and in
500	vivo studies indicative of the activation of biochemical pathways that accelerate atherosclerosis.
501	While this approach might appear inconceivable, it is not unrealistic. Our proposed innovative
502	approach to chemical risk assessment is occurring contemporaneously during the formative
503	stages of the NIH-sponsored Precision Medicine Initiative that will drive integration of genomics,
504	data sciences and bioinformatics as the basis for improved individual health care, disease
505	prevention and public health. The Affordable Care Act has accelerated electronic medical record
506	adoption within healthcare practices and hospital systems potentially offering a valuable source
507	of information for population level health monitoring. Recent research has used Big Data to study
508	the early stages of disease and better classify and predict disease progression and could be used

509 to inform personalized medicine to optimize wellness in healthy populations [ADDIN EN.CITE 510 ADDIN EN.CITE.DATA]. Moreover, the anticipated integration and development of technologies 511 and analytical tools have the potential to improve public health and increase the spatial and temporal resolution of environmental health surveillance. The establishment of a long-term 512 representative precision medicine cohort, if integrated with the proposed National 513 ſ ADDIN **EN.CITE** 514 Biomonitoring Network <EndNote><Cite ExcludeAuth="1"><Author>Association of Public Laboratories 515 Health (APHL)</Author><Year>2015</Year><RecNum>57</RecNum><Prefix>APHL 516 </Prefix><DisplayText>(APHL 2015)</DisplayText><record><rec-number>57</rec-517 518 number><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" name="Report">27</ref-519 timestamp="1472147337">57</key></foreign-keys><ref-type type><contributors><author>Association of Public Health Laboratories 520 521 (APHL),</author></authors></contributors><titles><title>National Biomonitoring Plan. 522 November 2015.</title></titles><dates><year>2015</year></dates><urls><relatedurls><url>https://www.aphl.org/aboutAPHL/publications/Documents/EH National Biomonitor 523 524 ing_Plan_112015.pdf</url></related-urls></urls></record></Cite></EndNote>], could have enormous benefit in understanding the relationship between chemical exposures and disease 525 526 and in managing some of the most challenging clinical problems more effectively. Applying this framework would potentially expand our understanding of the origins of vascular disease and its 527 progression, help define strategies for primary prevention to thwart the initiation of the process 528 529 we ultimately call atherosclerosis. Thus, such a framework will provide new and ongoing insights 530 into the associations between environmental exposures that contribute the greatest burden to 531 public health. This approach would facilitate accounting for sensitive populations and could inform suggested individual health or behavioral measures where there has been past exposures 532 533 or where current exposure cannot be reduced enough to protect those most at risk.

Discussion

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The proposed conceptual model is grounded in public health principles and focused on identifying the greatest opportunity to reduce environmental exposures to improve health outcomes. Along with traditional risk assessment, this perspective can better inform public

health decision making. While there are clear benefits to operating within a public health-focused 538 539 framework and moving away from individual chemicals and apical endpoints, there are also 540 challenges. 541 Informing decision-making: Since the 1980s, EPA's decision-making has been based on 542 traditional risk assessments that are conducted within the constraints of EPA's statutes and programs. While program-targeted risk assessments will remain an important component, the 543 544 disease-based approach draws upon information in a holistic fashion that cuts across 545 organizational and legal boundaries, integrating traditional inputs with newer data streams. 546 These assessments will provide decision-makers with critical information to inform exposure reduction efforts to impact the selected health outcomes, and ultimately, improve public health. 547 Because those exposure reduction efforts would take place within the existing statutory 548 549 construct, an important implementation step would be to move from findings of disease-based 550 risk assessments to assessments of specific risk management actions under the relevant statutory authorities. 551 552 Priorities for screening and testing: A health outcome-focused framework can inform priorities 553 for screening and testing the toxicity of chemicals. Efforts to develop and synthesize approaches 554 for screening large numbers of chemicals using high-throughput toxicity testing and exposure prediction should continue to provide data for data-poor chemicals. For example, in the recently 555 Cancer Moonshot **ADDIN EN.CITE** 556 announced <EndNote><Cite><Author>Mitchell</Author><Year>2016</Year><RecNum>40</RecNum><Dis 557 2016)</DisplayText><record><rec-number>40</rec-number><foreign-558 playText>(Mitchell, db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" keys><key app="EN" 559 timestamp="1470324343">40</key></foreign-keys><ref-type name="Journal Article">17</ref-560 type><contributors><authors><author>Edith 561 Mitchell</author></authors></contributors><title>Moonshot Toward a Cure for 562 Cancer</title><secondary-title>Journal of the National Medical Association</secondary-563 title></titles><periodical><full-title>Journal of the National Medical Association</full-564 title></periodical><pages>104-565 105</pages><volume>108</volume><number>2</number><dates><year>2016</year></dates 566

><urls></urls></record></Cite></EndNote>], high-throughput approaches could screen a large set of chemicals for potential carcinogenicity and identify a suite of chemicals for additional animal toxicity testing. Examining noncancer endpoints may also be challenging, which is why developing AOPs and networks to contextualize and interpret non-apical hazard data in relation to population health is of increasing value. Epidemiology studies can be designed to inform and validate high-throughput testing approaches by identifying both chemical stressors and nonchemical stressors that modify responses to chemical exposures and also to test relationships between disease and early markers of exposure and biological response (e.g., epigenetic changes). Better understanding the impact of cumulative exposures: While cumulative risk assessment has been of high interest for the past few decades, putting cumulative assessment approaches into practice has been challenging. This framework provides a new construct for considering cumulative risk. By focusing on a health endpoint of concern, one could consider the multiple exposures that may contribute to a health outcome. Past NRC recommendations have encouraged assessors to evaluate the combined effects of exposures to all chemicals that affect a common adverse outcome, for example, male reproductive development [ADDIN EN.CITE <EndNote><Cite><Author>National Research Council</Author><Year>2008</Year><RecNum>9</RecNum><DisplayText>(National Research Council, 2008)</DisplayText><record><rec-number>9</rec-number><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1468525915">9</key></foreign-keys><ref-type name="Report">27</reftype><contributors><author>National Research Council,</author></authors><tertiary-authors><author>The National **Academies** Press,</author></tertiary-authors></contributors><title>Phthalates and Cumulative Risk Assessment: The Tasks Ahead</title></title></dates><publocation>Washington, D.C.</pub-location><urls></urls></record></Cite></EndNote>]. Challenges include gaining adequate understanding of individual chemical impacts in order to

group chemicals by health outcome. Increased research into the biological pathways by which

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chemicals affect health status can help inform approaches for estimating the joint effect of chemicals without testing all permutations or combinations.

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One possible example of an alternative approach is Health Impact Assessment (HIA), which uses a systems approach to array data sources and analytic methods and considers input from stakeholders to determine potential effects of a proposed action or decision on the health of a population and the distribution of those effects within the population [ADDIN EN.CITE <EndNote><Cite><Author>National Research Council</Author><Year>2011</Year><RecNum>41</RecNum><DisplayText>(National Research Council, 2011)</DisplayText><record><rec-number>41</rec-number><foreign-keys><key app="EN" db-id="xdrxape2fvv5fkefa9avdd58pttw9a9se9zs" timestamp="1470324571">41</key></foreign-keys><ref-type name="Report">27</reftype><contributors><authors><author>National Research National Council,</author></authors><tertiary-authors><author>The Academic Press,</author></tertiary-authors></contributors><title>Improving Health in the United States: The Role of Health **Impact** Assessment</title></title></dates><year>2011</year></dates><pub-location>Washington, D.C.</pub-location><urls></urls></record></Cite></EndNote>]. Using HIA approaches for chemical risk assessments done through this framework can offer a method to organize various data streams that can influence our understanding of a health impact, inform potential multiple contributors to adverse health outcomes, and provide recommendations to decision makers on monitoring and managing these outcomes.

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Consider public health concepts such as attributable or relative risk: This new approach takes a systematic view of collective factors that contribute to a health outcome or disease state, including those that are not regulated by one single federal entity. Any single health outcome may be influenced by multiple factors beyond chemical exposures, such as nutrition, genetics, or social stressors. Because those factors are not regulated, it is important for environmental regulatory agencies to understand what fraction of the disease burden is influenced by the

regulated environmental exposure. Public health approaches, such as attributable risk, can help inform this understanding. Challenges may include incorporating these approaches, which are typically used in epidemiology, to animal and advanced toxicity testing data, ensuring adequate training with the approaches, and communicating risk in a way that acknowledges the influence of non-regulated factors.

Conclusions

Understanding the health effects of chemicals has real implications for public health. This proposed approach for chemical risk assessment starts at the health endpoint and incorporates multiple data streams, including data developed using newer technologies such as high-throughput screening. In parallel with more traditional risk assessment approaches, this will lead to a better understanding of mechanisms of single chemicals as well as cumulative exposures that lead to specific disease endpoints. This new lens will need to be applied to the complete risk assessment process, including problem formulation, data considerations, and data synthesis through multi-pathway methods, including cumulative assessment and health impact assessment, with an eye to prevention of adverse effects. This approach draws upon the best available science to improve our understanding of the health impacts of environmental chemicals and informs decision making to prevent, reduce, or mitigate exposure and ultimately improve public health.

643	References
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645	21st-Century-Science-into-Risk/DELS-BEST-14-04?bname=best
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654	[ADDIN EN.REFLIST]
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Figure Legends

Figure 1. Conceptual Model for a Public Health Perspective for Chemical Risk Assessment

This conceptual model illustrates how the starting point in a public-health focused risk assessment would differ from that of traditional risk assessment. In traditional risk assessment, the starting point is focused on specific chemicals or classes of chemicals of concern, with multiple data streams informing what are the critical effects from that chemical. A public health perspective would focus on the adverse health outcome of concern with multiple data streams informing our understanding of hazard and exposure in the context of public health decisions related to that outcome, and not necessarily focused on just one chemical or class of chemicals.

Figure 2. Adverse Outcome Pathway for Cardiovascular Outcomes. This figure illustrates the biological pathway leading from exposure to adverse cardiovascular outcomes for a variety of chemicals. On the left hand side of the figure these pathways are linked to the AOP whereas on the right hand side of the figure we see the traditional risk factors for adverse cardiovascular outcomes.